S. No. 2
0M—2-43
v. 5-17-39
I X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1946

State File No. 14700

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3937

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3450 Shenandoah St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 6-00
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1717
(d) Street No. 3450 Shenandoah St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Augusta L Fleming
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James F
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 18 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	3	10	hr. min.

9. Birthplace Venice (City, town, or county) Ill (State or foreign country)
10. Usual occupation Housework
11. Industry or business at Home
FATHER
12. Name Fred Kaseberg
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Will
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Ted Fleming
(b) Address 3450 Shenandoah St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 1 (Day) 46 (Year)
(c) Place: burial or cremation New Bethleheim Cemetery
18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway
19. (a) 4/30/46 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 12.40 AM minute M.
21. I hereby certify that I attended the deceased from D 8-15 1942 to Apr 28 1946 that I last saw her alive on Apr 27 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	10 days
Due to Pernicious anaemia	1½ yrs
Due to [illegible]	
Other conditions Ulcer of left leg (Include pregnancy within 3 months of death) From Varicose Veins	4 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature P. M. Brossard M.D. (M. D. or other) 4/29/46
Address 3500 Cambridge Maplewood Date signed 4/29/46

(Licensed Embalmer's Statement on Reverse Side)

Dr Brossard
3500
Cambridge

~~3028~~

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edwin D Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.